CHARLES D. BAKER

KARYN E. POLITO
LIEUTENANT GOVERNOR

JAY ASH
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT



## Commonwealth of Massachusetts Division of Professional Licensure Office of Public Safety and Inspections Architectural Access Board

JOHN C. CHAPMAN
UNDERSECRETARY OF
CONSUMER AFFAIRS AND
BUSINESS REGULATION

CHARLES BORSTEL

COMMISSIONER, DIVISION OF PROFESSIONAL LICENSURE

THOMAS HOPKINS
EXECUTIVE DIRECTOR

1 Ashburton Place, Rm 1310 • Boston • Massachusetts • 02108 V: 617-727-0660 • www.mass.gov/aab • Fax: 617-727-0665

AMENDED APPLICATION FOR VARIANCE	Docket:

## **INSTRUCTIONS:**

- 1) Answer all questions on this application to the best of your ability.
- 2) Attach whatever documents you feel are necessary to meet the standard of impracticability laid out in 521 CMR 4.1. You must show that either:
  - a. Compliance is technologically infeasible, or
  - b. Compliance would result in an excessive and unreasonable cost without any substantial benefit for persons with disabilities.
- 3) Please ensure that attached documents are no larger than 11" x 17". Common attachments include:
  - a. Floor plans,
  - b. Site plans which include the location of buildings and the meets and bounds of the property,
  - c. Cross-sectional drawings,
  - d. Color photographs,
  - e. Test drawings,
  - f. Cost estimates,
  - g. Copies of the Property Card, and/or
  - h. Narratives, including accommodation plans.
- 4) Sign the Application.
- 5) Burn copies of the application and <u>all</u> attached documents onto a Compact Disc (CD or DVD only, no flash drives will be accepted).
- 6) Provide full copies of the application and all attached documentation, on both Paper and CD/DVD to the:
  - a. Local Building Department,
  - b. Local Commission on Disability (if applicable in the town where the project is located), and
  - c. The Independent Living Center (ILC) for your region.
     (The ILC that serves your region can be found at: <a href="http://www.masilc.org">http://www.masilc.org</a>.)
- 7) Provide to the Board:
  - a. A completed copy of the application and all attached documents,
  - b. A copy of the CD/DVD,
  - c. The completed, signed, and notarized Service Notice (included as Page 4 of this application).
- 8) The deadline for submission of amendments is at least 3 business days prior to the date of a particular meeting of the Board. (The annual calendar of meetings can be found on <a href="http://www.mass.gov/aab">http://www.mass.gov/aab</a>.)

In accordance with M.G.L., c.22, § 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the building/facility described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

1.	State the name and address of the building/facility:
2.	What is the docket number of the existing variance: V
3.	For each new or altered variance requested, state each section of the Architectural Access Board's Regulations for which a variance is being requested. (Please note the Board will not consider requests for relief from Section 3, please list the specific items triggered by Section 3 where relief is being sought):
	SECTION NUMBER LOCATION OR DESCRIPTION
	<del></del>
li	f requesting relief to 5 or more sections, use the Large Variance Tally Sheet available on the "Forms and Applications" page of the Board's website (http://www.mass.gov/aab)
4.	For each new or altered variance requested, state in detail the reasons why compliance with the Board's regulations is impracticable (use additional sheets if necessary), including but not limited to: the necessary cost of the work required to achieve compliance with the regulations (i.e. written cost estimates); and plans justifying the cost of compliance.

Page 2 of 4 Rev, 2/18

Date:	Signature of own	Signature of owner or authorized agent (required)		
	PLEASE PRINT:			
	Name			
	Organization (If Appli	cable)		
	Address			
	Address 2 (optional)			
	City/Town	State	Zip Code	
	E-mail			

Telephone

Page 3 of 4 Rev, 2/18

## **SERVICE NOTICE**

I,		_, as	
for the Petitioner	me)	(relationship to the applic	<sub></sub> submit a
variance application f	name of the applic iled with the Massachusetts Arch	itectural Access Board on	te variance submitted)
CAUSED TO BE SEE	INDER THE PAINS AND PENAL RVED, A COPY OF THIS VARIA FOLLOWING MANNER:		-
NAME AND ADDR	ESS OF PERSON OR AGENCY SERVED	METHOD OF SERVICE	DATE OF SERVICE
1 Building Department			
2 Local Commission on Disability (If Applicable)			
3 Independent Living Center			
4 2 <sup>nd</sup> ILC (Boston Only)			
	ER THE PAINS AND PENALTIES HE BEST OF MY KNOWLEDGE		
Signature: Appellan	t or Petitioner		
On the PERSONALLY APPE	Day of EARED BEFORE ME THE ABO\	20 /E NAMED	
(Type or Print the Na	ame of the Appellant)		
NOTARY PUBLIC		MY COMMISSION EXPIRES	

Page 4 of 4 Rev, 2/18



## Before you send in your amendment, have you:

_	
	☐Answered all questions on the application;
	☐Signed the application and included up to date contact info;
	☐Made a copy of your entire application, including all attached documents, on CD or DVD;
	<ul><li>Flash drives are not permitted.</li></ul>
	☐Sent copies of the completed application, all attached documents.
	and CD/DVD to:
	☐The local Building Department,
	☐The local Commission on Disability, and
	☐The Independent Living Center (ILC) for the region in which
	the property is located; and
	There are two ILCs for projects located in Boston:
	The Boston Center for Independent Living
	<ul> <li>The Multicultural Independent Living Center of Roston</li> </ul>

e Multicultural Independent Living

☐Filled out the Service Notice (page 4 of the application) including all parties and the method and date of service for each, and had it signed and notarized

Please Note: Failure to follow these instructions (as found on page 1 of the application) could result in your request not being docketed until such time as we have received a fully completed application.